

Please type a plus sign (+) inside this box →



PTO/SB/122 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p align="center">CHANGE OF CORRESPONDENCE ADDRESS Application</p> <p>Address to: Assistant Commissioner for Patents Alexandria, VA 22313-1450</p>	Application Number	10/687363
	Filing Date	10/15/2003
	First Named Inventor	Glenn Adler
	Group Art Unit	2178
	Examiner Name	Omar R. Abdul-Ali
	Attorney Docket Number	US000231USA

Please change the Correspondence Address for the above-identified application to:					<p align="center">24737</p> <p align="center">PATENT TRADEMARK OFFICE</p>
<input checked="" type="checkbox"/>	Customer Number	24737	→		
Type Customer Number here					
OR					
<input type="checkbox"/>	Firm or Individual Name				
Address					
Address					
City		State		ZIP	
Country					
Telephone			Fax		
<p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the :</p> <p><input type="checkbox"/> Applicant.</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed.</p> <p><input checked="" type="checkbox"/> Attorney or agent of record.</p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____</p>					
Typed or Printed Name		Michael E. Marion, Reg. 32,266			
Signature		/Michael E. Marion/			
Date		September 26, 2007			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
<input type="checkbox"/> *Total of 1 forms are submitted.					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box 1450, Alexandria, VA 22313-1450.